

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <b>9457</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>Raynard</b> <b>Chung</b>  P O Box Bldg Room No if any  Street <b>1311 Houghtailing St</b>  City <b>Honolulu</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96817</b>	4 Name file number and address of labor organization Name <b>See Attached</b>  Labor Organization File Number <b>022 943</b>  P O Box Building and Room Number if any  Street <b>1311 Houghtailing St</b>  City <b>Honolulu</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96817</b>
5 Position in labor organization <b>Union employee</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

<b>A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent</b>	
<b>6 Name and address of Employer (including trade name if any)</b>  Name <input style="width: 90%;" type="text"/>  Trade Name if any <input style="width: 90%;" type="text"/>  P O Box Bldg Room No if any <input style="width: 90%;" type="text"/>  Street <input style="width: 90%;" type="text"/>  City <input style="width: 90%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>7 a Nature of Interest Transaction or Income</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>7 b Amount</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

**Signature**

**15 Signature and verification** The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Raymond S. Chug

On

7/30/05  
Date

(808) 847-5761

Telephone Number

Name of Person Filing Raynard Chung	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name Hawaii Carpenters Training Fund Trade Name if any P O Box Bldg Room No if any 200 Street 1199 Dillingham Blvd City Honolulu State Hawaii ZIP Code + 4 96817	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Pursuant to a collective bargaining agreement signatory employers make contributions to the Training Fund <b>11 b Approximate dollar value of such dealing</b> <b>12 a Nature of interest held or income received</b> As a trustee I attended an International Foundation Trustee meeting for educational purposes The trust fund paid for the air fare transportation lodging and meals for my attendance at the conference <b>12 b Amount</b> \$4 000

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	<b>14 a Nature of payment.</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment.</b>

**Form LM-30**  
**Labor Organization Officer and Employee Report**  
**Raynard Chung**  
**Attachment**  
**07/30/05**

4      Name      United Brotherhood of Carpenters and Joiners of America, Local 745